



# ***Pediatric Special Care Protocols: Poisoning***

---

## ***I. All Provider Levels***



1. Perform a scene survey to assess environmental conditions and mechanism of illness or injury. If hazardous materials are present (such as electrical wires, chemicals or confined space), contact the appropriate agency before approaching the patient. Wait for the designated specialist to secure the scene. If a hazardous substance is present, follow Hazmat Protocols.
2. Look for the source of the toxic exposure. Collect any containers or medication bottles to transport with the patient to the hospital.
3. While performing the initial patient assessment, establish and record the following:
  - A. Type of agent involved
  - B. Method of exposure
  - C. Time of exposure
  - D. Reason for exposure
  - E. Action taken by bystanders
  - F. Current medications
  - G. State of general health
  - H. Current pregnancy? (if female patient over 11 years of age)
  - J. History of cardiac disease



**Note Well:** Consult the Washington DC Poison Control Center at (202) 625-3333 or H11.



---

## ***Pediatric Special Care Protocols: Poisoning***

---

### ***I. All Provider Levels (continued)***

4. Follow general patient-care guidelines in section A1.
5. Establish patient responsiveness.
  - A. If cervical spine trauma is suspected, manually stabilize the spine.
6. Check the airway.
  - A. Open the airway using a head tilt chin lift if no spinal trauma is suspected, or modified jaw thrust if spinal trauma is suspected. Suction as necessary.
7. Consider placing an oropharyngeal or nasopharyngeal airway adjunct if the airway cannot be maintained with positioning.
8. Assess the patient's mental status.
9. Assess the patient's breathing including rate, auscultation, inspection, effort and adequacy of ventilation as indicated by chest rise.
  - A. Obtain a pulse oximeter reading.
10. If no breathing is present, then position the airway and start bag valve mask ventilations using 100% oxygen.
  - A. Refer to the vital signs chart for appropriate rates.



## ***Pediatric Special Care Protocols: Poisoning***

---

### ***I. All Provider Levels (continued)***

11. If airway cannot be maintained, begin ventilations with B-V-M and initiate advanced airway management using a combi-tube.



**Note Well:** Do not use a combi-tube on a patient younger than 16 years of age or less than 5-feet tall.



**Note Well:** The EMT-I and EMT-P should use ET intubation.

12. If breathing is adequate, place the child in a position of comfort and administer high flow, 100% oxygen. Use a non-rebreather or blow by as tolerated.

13. Check pulse. If no pulse is present, begin CPR



**Note Well:** The EMT-I and EMT-P should follow the appropriate cardiac algorithm in addition to the guidelines in this protocol.

14. Call for ALS support. Initiate care and do not delay transport waiting for an ALS unit.



## ***Pediatric Special Care Protocols: Poisoning***

### ***I. All Provider Levels (continued)***

15. Establish an IV of normal saline.



**Note Well:** BLS Providers cannot start an IV on a patient less than eight years of age



**Note Well:** Do Not Delay Transport to Obtain IV Access.



**Note Well:** An ALS unit must be en route or on scene.



**Note Well:** If IV access cannot be readily established and the child is younger than 6 years of age then ALS Providers only may proceed with IO access. If the child is over 6 years of age, then contact Medical Control for IO access.



**Note Well:** EMT-I and EMT-P can administer Naloxone (Narcan) at 0.1 mg/kg IV or IO if available. An ET dose can be administered at double the dose.

16. If suspected opiate overdose, administer Naloxone (Narcan) at 0.1mg/kg IM (maximum single dose 2.0 mg)



- A. Contact Medical Control for any additional doses



## ***Pediatric Special Care Protocols: Poisoning***

---



### ***II. Advanced Life Support Providers***

1. Assess vital signs and initiate cardiac monitoring.
2. Treatment for other known toxic exposure may be initiated according to the agent as follows:
  - A. For organophosphate overdose
    - i. High dose atropine 0.05 mg/kg IVP/IO or IM
    - ii. Maximum single dose of 2 mg
    - iii. May be repeated every 5-10 minutes
    - iv. Contact Medical Control to administer more than 2 doses.
  - B. Tricyclic antidepressants
    - i. Sodium Bicarbonate 1mEq/kg diluted 1:1 slow IV/IO
  - C. Beta blocker overdose
    - i. Glucagon 1 mg IVP (25-40 kg child)
    - ii. Glucagon 0.5 mg IVP (less than 25 kg child)
    - iii. Maximum dose 3 mg
    - iv. May be repeated every 5 minutes as necessary (up to maximum dose)
  - D. Dystonic reactions, Extrapyrimalidal or Mild Allergic reactions
    - i. Diphenhydramine (Benadryl) 1mg/kg IVP/IO or IM
    - ii. Maximum single dose 25 mg
  - E. Calcium channel blocker overdose
    - i. Calcium Chloride 20mg/kg (0.2 ml/kg) slow IV/IO
    - ii. Maximum dose 1 gram or 10 ml
  - F. Syrup of Ipecac and activated charcoal are available through medical control **IF** directed by poison control center.





---

## ***Pediatric Special Care Protocols: Poisoning***

---



### ***III. Transport Decision***

1. Expose the child only as necessary to perform further assessments.
  - A. Maintain the child's body temperature throughout the examination.
2. If the child's condition is unstable initiate transport.
  - A. Perform focused history and detailed physical examination en route to the hospital if patient status and management of resources permit.
3. Contact medical control for additional instructions.
4. Initiate transport to the nearest appropriate facility as soon as possible.
5. Perform focused history and detailed physical exam en route to the hospital.
6. Reassess at least every 3-5 minutes, more frequently as necessary and possible.



## ***Pediatric Special Care Protocols: Poisoning***

---



### ***IV. The Following Options are Available by Medical Control Only***

1. Activated Charcoal, 1-2 grams/kg, if directed by the Poison Control Center.
2. Ipecac, 15 cc, for children over 1 year of age, if directed by the Poison Control Center.
3. Ipecac, 5-10 cc for children less than 1 year of age, if directed by the Poison Control Center.
4. Naloxone (Narcan) at 0.1mg/kg IM, maximum single dose 2.0 mg for BLS providers and same dose IV/IO for ALS providers (after initial dose administered).
5. IO access for patients greater than 6 years of age.
6. Contact medical control for specific information about individual toxic exposures and treatments.



***This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.***

---



## ***Pediatric Special Care Protocols: Poisoning***

---

---

***This Page Intentionally Left Blank***

---